## **DIRECT DEPOSIT SIGN-UP FORM (BARBADOS)**

# APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT

Please make any necessary changes in Section 1A and complete Section 2. Ask your financial institution to complete Section 3. Mail the completed form in the envelope provided.

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SECTION 1 (If the address below is incorrect, or if it is your bank=s address, please complete Section 1A.)		SECTION 1A (If the address in Section 1 is not your correct address, please print your correct mailing address below.)			
		ADDRESS CHANGE			
Social Security Claim Number Person Entitled to Payment					
SECTION 2					
PAYEE CERTIFICATION I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.		JOINT ACCOUNT HOLDER=S CERTIFICATION I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE	DATE	SIGNATURE	DATE		
YOUR DAYTIME TELEPHONE NUMBER		This account is:  My own account. A joint account.			
SECTION 3 (Ask your bank to complete this section.) This account <u>must</u> be in Barbados dollars.					
NAME OF BANK					
ADDRESS OF BANK					
BANK PHONE NUMBER		SIGNATURE OF BANK OFFICIAL			
DANK CORE DRANCH/TRANCIT CORE					
BANK CODE BRANCH/TRANSIT CODE ACCOUNT NUMBER					
0					

Approved OMB No. 0960-0686

MAIL COMPLETED FORM TO:

Form SSA-1199-Barbados (9/04)

International Treasury Services
Federal Reserve Bank of New York
E. Rutherford Operations Center – 1<sup>st</sup> Floor
100 Orchard Street
East Rutherford, NJ 07073
USA

### IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments to your bank account in Barbados.

#### WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent to you through the Barbados banking system and will usually be in your account 3 days after the U.S. payment date. You can avoid waiting up to 15 working days for your check to clear. With direct deposit you will have immediate access to your money.

#### INFORMATION ABOUT CURRENCY CONVERSION

With direct deposit, you do not need any fee to get your U.S. dollars converted to Barbados dollars. A few days before the payment date, your U.S. Social Security payment is automatically converted to Barbados dollars at an interbank exchange rate that is competitive with the rate offered by Barbados banks on that day.

#### IF YOUR ADDRESS CHANGES

If your address changes, you must inform the U.S. Social Security Administration because letters about your payments will still be mailed to your home address. If we cannot locate you, your payments may be stopped.

#### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank <u>and</u> the U.S. Social Security Administration. <u>Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security</u>. As soon as we are advised of the death, we will determine whether your benefit amount will change and will send you any money that we owe you.

#### CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify:

International Treasury Services Federal Reserve Bank of New York	OR	Social Security Administration
E. Rutherford Operations Ctr. – 1 <sup>st</sup> Floor 100 Orchard Street		Office of International Operations PO Box 17769
East Rutherford, NJ 07073 USA		Baltimore, MD 21235-7769 USA

You may need to fill out a new sign-up form. <u>Do not close your old account until payments have started coming to your new account.</u>

#### PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the <a href="Paperwork Reduction">Paperwork Reduction</a> Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. Only comments relating to our time estimate should be provided, not the completed form.